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ABSTRACT

A random telephone survey of 25 residents in Iowa Falls, a small town in rural north-central Iowa, examined opinions and attitudes about the health of their community. The community has a population of 5,424, including 1,276 students in Grades K-12; is the largest city in the county; and is the site of a community college. Sixty percent of respondents believed that the public school was the most healthy feature of the community, while 40 percent cited community support and involvement, and 24-28 percent cited people, families, friendships, and safety. The economy was named as the community's most unhealthy feature by 61 percent of respondents, while "lack of things to do" was given by 16 percent. When asked which individuals need to cooperatively participate for community health, 72 percent of respondents named teachers, 48 percent cited community leaders, and 40 percent said "everyone." Public schools was given by 60 percent of respondents as the group or institution whose involvement was important to community health, while businesses and parents were each cited by 32 percent. Respondents also gave their personal definitions of "health" and suggested ways in which the community's unhealthy features could be improved. (SV)

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THE HEALTH OF A COMMUNITY IN RURAL IOWA

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(Paper prepareded by Dreier and presented at the 84th annual National Rural Education Association meeting, Traverse City, MI, October 11 to 13, 1992.)

In September, 1992, the Des Moines Register Poll reported that less than half of those interviewed in the farm areas, or 43 per cent, said they were experiencing "Good times". In contrast was 58 per cent of those in the small towns with just 48 per cent living in the small cities. (1) The life of a rural community is not alonein its "feelings" of good or bad times or in its population increase or decrease, but in its health. The human body, either as a person or as a community, in its time of living and working depends for long life and quality of living on its health.

The community in this study is located in north central Iowa, about 350 miles west of Lake Michigan and 200 miles south of the Twin Cities of Minnesota. It is in the small city size, reaching a population of 6,454 in 1970 when its school district's K-12 enrollment was 2,137. In the next 20 years the population of the city decreased 16 per cent and the school population 40 per cent.

The community's population is now 5,424 with a 1992 K-12 enrollment of 1,276. The city is the largest in the county, but not the county seat, it has a Junior/Community College of over 800 students, is at the crossing of two federal highways and two major rail systems, and has a City Hospital which serves a larger rural region.

The major contributor to this paper was a professional in the Community Hospital of the city. While working for an advanced degree in Health and Recreation at the University of Northern Iowa her major research was "A Survey of Rural Adult Iowan's Perceptions About the Healthiness of Their Community". (2) The presenter was on her degree committee. Jean Scallon and Bob Decker planned this presentation and regret they could not be here.

The health of a community includes the general concept of its quality of life, it concern for growing (the opposite of dieing), and the understanding that community members need to be involved and committed in the "living" process of the community. With this broad concept Scallon interviewed a sample of community members to determine their understanding of their communities health and what, who was working for the health of the community.

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SAMPLE FOR THE STUDY

The most complete and current listing of residents of a community is usually the telephone book. The directory for Iowa Falls (the location of the study) includes other nearby towns, villages, and neighborhoods. It's "long-distance" to them and to the county seat small city just 20 miles north. However the villages of Bradford to the north and Owasa to the south of Iowa Falls are toll-free. The local Community School District, as does the phone book, includes only the south half of Bradford and all of Owasa, a total of 135 square miles. This area, equal to almost four towhships, overlaps two counties and is on or near their western boundry.(3)

The area of the Community in the phone directory is approximately the same as that of the school district which is roughly 13 miles north and south and 10 miles wide. To secure a sample the phone numbers of the residents listed in the phone book were counted to secure a random sample of 25 residents. Then each 117th phone number was called for an in-depth interview. If the resident did not respond, or later to a second call, the number before and then after the 117th was called. In this way it was possible to get a random sample for the study.

SERVICES OF THE COMMUNITY USED BY SAMPLE

Every one of the sample population with school children sent them to the community being studied. Half or 52 per cent of the sample did not have children in school.

Every one of the sample purchased supplies in the community.

15 out of 25 or 60 per cent of the population used the community hospital and the same per cent received the community newspaper. (In this area the two nearest county seats - 20 miles north and 20 miles south and east - had community schools and hospitals. These smaller cities and other towns had school districs, churches,and newspapers).

Just over half of the sample also went to church in the community and 16 percent to church in other places. The question did not apply to over a fourth of the population as they said they did not attend church.

These answers indicated the sample was indeed a group of people with strong connections to the community being studied.

MOST HEALTHY FEATURES OF THE COMMUNITY

Five question were asked of each resident called in the sample. The 1st question was: "What do you believe are the most healthy features of your

community?" A total of 89 responses were collected from the 25 calls. These were grouped into 22 different different features.

Table 2 shows that over half of the responses could be classified in 6 features. The public school was the number one feature of the health of their community, according to 60 per cent of the sample. Community support/involvement was the feature important to 40 per cent. Another one-fourth reported people,or families, or friendships, or safety as the most commonly stated healthy features of their community. The 7th and 8th most healthy features of their community were the service organizations and churches, each reported by 20 per cent of the sample. These eight features included over 2/3rds of all the responses.

Perhaps the difficulty of trying to identify just WHAT were the most healthy factors is seen in such generic words as - people; families; friendships; (numbers 3,4, and 5) and "everything", named by one respondent.

MOST UNHEALTHY FEATURES OF THE COMMUNITY

The second question asked each resident first for the unhealthy features of the community and second to suggest what might be done about this feature.

Table 3 is a collection of the 44 responses grouped in 7 classifications. Over 3/4th of the unhealthy features named were either "Economy" or "Lack of things to do". "More industry", "better paying jobs", "more capitol" were some of the ways suggested to improve the health of the community by changing its economy. They suggested more kinds of "recreation" and "creative businesses" to change the "lack of things to do".

The same features which were listed as most healthy by at least one respondent were also listed as most unheathy by one or more. These include College - one plus and 3 minus; Good Morals - 3 plus and Gossip/ Prejudice - 2 minus; and Hospital - 1 plus and Lack of Doctors - 1 minus.

INDIVIDUALS WHO NEED TO COOPERATIVELY PARTICIPATE FOR COMMUNITY HEALTH

The people needed for community health were "Teachers", "Commumnity Leaders" and "Everybody". These three included over half of the responces. (Each respondent giving about 3 answers.) These three groups plus "Community Members" and "Bankers" include nearly 2/3 of the 84 responses listed in Table 4.

Power figures, such as "Chamber of Commerce president", the "Mayor", and the "School Superintendent" were named, each by 8 per cent of the sample.

GROUPS/INSTITUTIONS THAT NEED TO COOPERATIVELY PARTICIPATE

Table 5 summarizes into nine groups the 49 responses given to this fourth question, an average of two answers per resident. Perhaps of surprise to most professional educators, the number one group involved in the health of a community was the "Public Schools" according to 60 per cent of the sample of residents.

"Businesses" and "Parents" were each named by another 32 per cent of the sample. "City Hall" was listed by 20 per cent. The "Main Street Project" was suggested by 16 per cent of the sample. "Chamber of Commerce" was named by 12 per cent of the sample. These six groups included over 3/4th of all the responses.

MEANING OF "HEALTH" TO THOSE CONSIDERING THE HEALTH OF THEIR COMMUNITY

Table 6 lists the answer each of the respondants gave when asked: How would you define health? "Mental and Physical Well-being", replied 24 per cent of the sample. The general response "Feeling Good" was given by 12 per cent. The other 16 answers listed were grouped by the presenter. (The 25 responses from the sample are each listed, as given.)

Two of the answers (line 3) seem to combine the mental, physical and emotional states in health, as did the first common response, bringing that meaning to 32 per cent.

The emotional tone of line 2, when added to those listed under emotional health make this consideration of health 20 per cent of the sample.

The business/social/economic value of health, as used by 32 per cent of the respondents in the sample, is found in eight responses.

The physical, as the only, value of health is found in four responses, or 16 per cent.

MEANING OF QUALITY OF LIFE AND HEALTHINESS USED IN THE STUDY

The concept of "quality of life" is defined by Scallon as: The perception of individuals or groups that their needs are being satisfied and that they are not being denied opportunities to achieve happiness and fulfillment.(4)

"Healthiness" means to Scallon: "The power to live a full, life in close contact with what one loves - the earth, sea, sun, people, and the wonders thereof. To be all that one is capable of and do all that one is capable of doing for themselves and others." (5)

SUMMARY PARAGRAPH

According to the results of this survey much emphasis was placed upon the public schools and its teachers for community healthiness. The public schools were perceived as one of the most healthy features of the community and as the group/institution that most needs to cooperatively participate. Teachers were perceived as the individuals who most need to cooperatively participate to develop, maintain, and/or enhance the communities healthiness. (6)

SOURCES

1. "Iowans give hometown high marks" by Thomas Fogarty, THE DES MOINES REGISTER, September 23, 1992 (based on the Iowa Poll conducted September 8-15, 1992.)

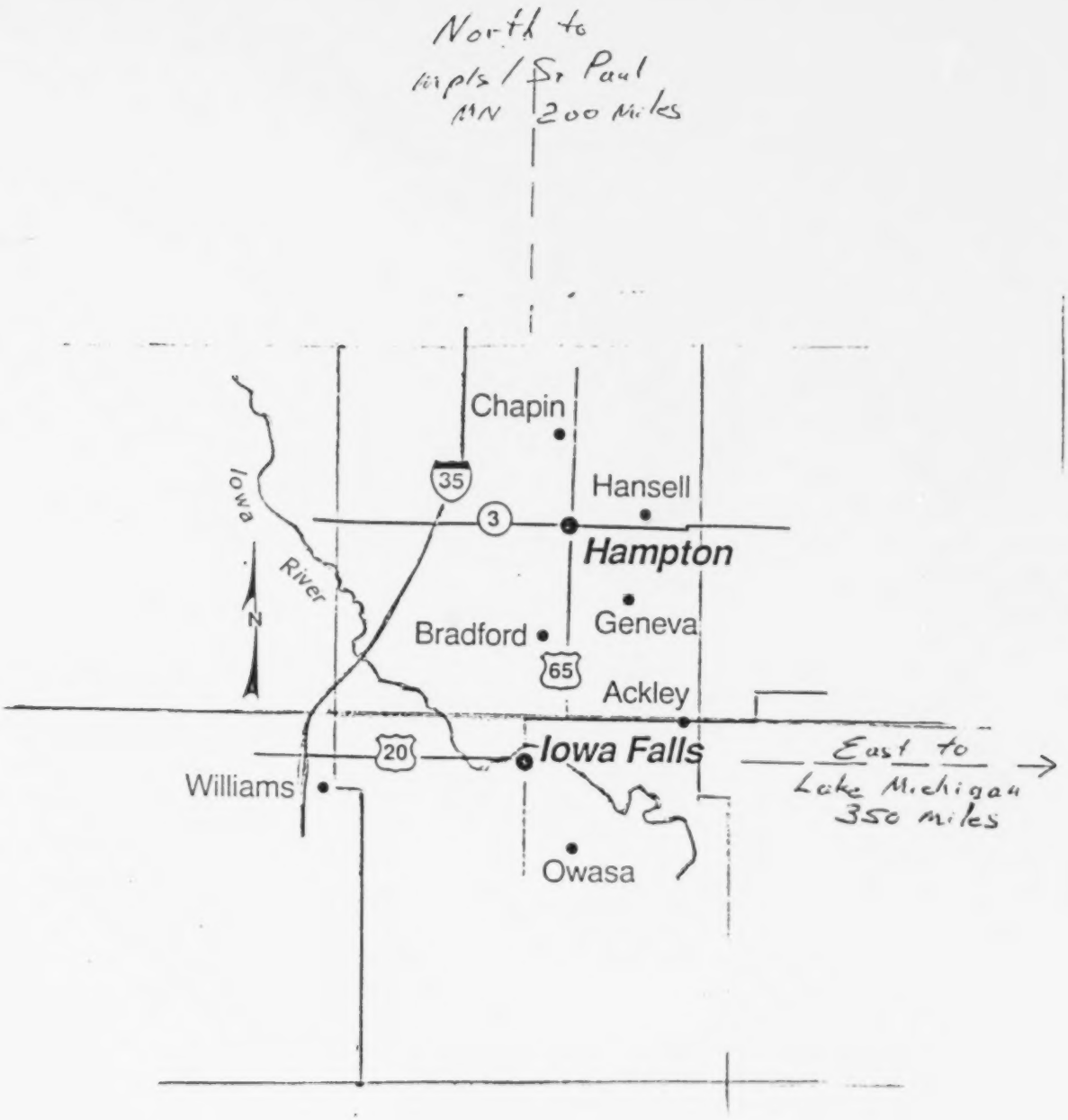
2. "A Survey of Rural Adult Iowans' Perceptions About the Healthiness of Their Community" by Jean Wiley Scallon, University of Northern Iowa, November, 1991, School of Health, Physical Education and Recreation, Cedar Falls, Iowa. 48 pp.

3. "THE WHITE AND YEL LOW PAGES for Iowa Falls/Hampton and Surrounding Communities" April 1992/1993. U.S. West Direct (white) 35 pp.

4. Scallon, p. 10 quoting from HEALTH EDUCATION PLANNING: A DIAGNOSTIC APPROACH by Green, Kreuter, Deeds & Partridge, Mayfield Publishing Co., 1990, p. xv.

5. Scallon, p. 9 quoting from CORE CONCEPTS IN HEALTH, by Insel & Roth, Mayfield Publishing Co., 1988, p, 7.

6. Scallon, p. 36.



Iowa Falls and Hampton and Surrounding Communities

US West Direct
1992/1993

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Table 1

Lead in Questions

In which community do you...	Community being studied	Other	DNA
1. Go to school	12 (48%)	0	13 (52%)
2. Purchase supplies	25 (100%)	0	0
3. Go to work	11 (44%)	4 (16%)	10 (40%)
4. Go to the hospital	15 (60%)	9 (36%)	1 (4%)
5. Receive a comunity newspaper	15 (60%)	10 (40%)	0
6. Go to church	14 (56%)	4 (16%)	7 (28%)

Note. All 25 respondents purchased supplies in the community surveyed.

DNA = Does not apply for these respondents.

Table 2

Most Healthy Features of their Community

Most healthy feature...	Number of responses	% of respondents	% of total responses
1. Public school	15	60%	16.9%
2. Community support/ involvement	10	40%	11.2%
3. People	7	28%	7.9%
4. Families	6	24%	6.7%
5. Friendships	6	24%	6.7%
6. Safety	6	24%	6.7%
7. Community service organizations	5	20%	5.6%
8. Size	5	20%	5.6%
9. Church programs	3	12%	3.4%
10. Good morals	3	12%	3.4%
11. Low drug problem/crime	3	12%	3.4%
12. Main Street Project	3	12%	3.4%
13. Rec. programs/ sports	3	12%	3.4%
14. After school activities	2	8%	2.2%
15. Chamber of Commerce	2	8%	2.2%
16. Cultural growth & enrichment	2	8%	2.2%
17. Low environ. problems	2	8%	2.2%
18. College	1	4%	1.1%
19. Everything	1	4%	1.1%
20. Hospital	1	4%	1.1%
21. New freeway	1	4%	1.1%
22. Shops	1	4%	1.1%
23. Transportation	1	4%	1.1%

Note. There were a total of 89 responses from the 25 respondents. Rec. = Recreation. Environ. = Environment.

Table 3

Most Unhealthy Features of their Community and Needed Changes

Most unhealthy feature...	Number of responses	% of total responses
1. Economy	27	61.4%
Needed Changes: Bring in industry with good paying jobs. Encourage opening of new businesses. Empathy and understanding. Community leaders to work together with legislators and business leaders. "Solicit big businesses for jobs that pay over $5.00 per hour." Increase awareness for safety. Educate people. Provide opportunities through the bank for capital to open businesses. "More industry, more businesses." "We need more to get more (businesses) and to survive!"		
2. Lack of things to do	7	15.9%
Needed Changes: Open new night club for people of all ages. New businesses. More recreation programs for people of all ages. Provide opportunties for creative businesses to succeed. More night life.		
3. College	3	6.8%
Needed Changes: The college to be more accountable for their actions. To take reponsiblity for students.		
4. Leadership	3	6.8%
Needed Changes: Get rid of "old boy network." "Increase the nursing home occupancy." "Fire them."		
5. Gossip/prejudice	2	2.5%
Needed Changes: Respect. Positive public relations.		
6. Lack of Doctors	1	2.3%
Needed Changes: Formation of community committees.		
7. Minimal garbage pick up	1	2.3%
Needed Changes: "Be more considerate to the needs of the elderly."		

Note. There were 44 reponses from the 25 respondents.

Table 4

Individuals Who Need to Cooperatively Participate

Needs to cooperatively participate. . .	Number of respondents	% of responses	% of total responses
1. Teachers	18	72%	21.4%
2. Community leaders	12	48%	14.3%
3. Everyone	10	40%	11.9%
4. Community members	8	32%	9.5%
5. Banker	8	32%	9.5%
6. Business leaders	7	28%	8.3%
7. Church leaders	6	24%	7.1%
8. Parents	5	20%	6.0%
9. Police	3	12%	3.6%
10. Chamber pres.	2	8%	2.4%
11. Mayor	2	8%	2.4%
12. Superintendent	2	8%	2.4%
13. Youth	1	4%	1.2%

Note. There were 84 responses from 25 respondents.

Table 5

Groups/institutions that Need to Cooperatively Participate

Needs to cooperatively participate . .	Number of responses	% of respondents	% of total responses
1. Public schools	15	60%	30.6%
2. Businesses	8	32%	16.3%
3. Parents	8	32%	16.3%
4. City Hall	5	20%	10.2%
5. Main Street Project	4	16%	8.2%
6. Chamber of Commerce	3	12%	6.1%
7. Churches	2	8%	4.1%
8. Community leaders	2	8%	4.1%
9. Industry	2	8%	4.1%

Note. There were 49 responses from the 25 respondents.

Table 6.

MEANING OF "HEALTH" TO SAMPLE

One response received from each of the 25 participants.

	RESPONSES	PER CENT
1. MENTAL AND PHYSICAL WELL-BEING	6	24 %
2. FEELING GOOD	3	12 %
3. PLACE OF SAFETY, GOOD MORAL VALUES, FRIENDLY PEOPLE, AND CHILDREN THAT ARE HAPPY AND WELL-ADJUSTED ALL THINGS RUNNING RIGHT 8%		
BUSINESS/SOCIAL/ECONOMIC MEANING	8	32 %
4. WHERE THERE WOULD BE JOBS FOR ALL AND BEING ABLE TO HAVE BUSINESSES.		
5. WE NEED OUTREACH TO PROVIDE STORES.		
6. MORE STORES, MORE TO DO		
7. THINGS ALL WORKING TOGETHER		
8. INDUSTRY AND EMPLOYMENT		
9. A GROWING COMMUNITY WHICH CAN SUPPORT (EMPLOY) CITIZENS AT A COMFORTABLE STANDARD OF LIVING		
10. PROGRESSIVE, STABLE, AND WITH CONTINUED DEVELOPMENT		
11. THRIVING ECONOMIC ENVIRENMENT WITH HOME BUILDING AND IMPROVEMENTS		
12. A STABLE, SAFE, AND EXCITING PLACE TO LIVE AND GROW		
PHYSICAL HEALTH	4	16 %
13. NO FAT, NO CHOLESTEROL		
14. NOT HAVING SERIOUS ILLNESS		
16. TOTAL FITNESS		
17. HAVIN' NO FAT		
EMOTIONAL HEALTH	2	8 %
18. PERSONS' STATE OF WELL-BEING		
19. A POSITIVE IMAGE/ATTITUDE AND LEARNING FROM THE PAST		